DEC 0 8 2000 ET

2124

S&H Form: (10/03)

REPLY/AMENDMENT FEE TRANSMITTAL

Attorney Docket No. 1046.1210
Application Number 09/502,791
Filing Date February 11, 2000
First Named Inventor Yoshinobu NAKAMURA
Group Art Unit 2124

					Group Art Unit			2124						
AMOUNT ENCLOSED			420.00	Examine	r Name	Name Shr			rader, Lawrence J.					
FEE CALCULATION (fees effective 10/01/03)														
	CLAIMS AS Claims Remaining After Amendment			Highest Number Previously Paid For		Number Extra			Rate			Calculations		
TOTAL CLA	AIMS	16		- 20 =		0		>	X \$ 18.00 =) = \$	\$ 0.00		
INDEPEND CLAIMS			12	- 12=			0		X \$ 86.00 =			0.00		
Since an Official Action set an <u>original</u> due date of <u>October 7, 2003</u> , petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$110); 2 months (\$420); 3 months (\$950); 4 months (\$1,480); 5 months (\$2,010)):												\$4	20.00	`
If Notice of Appeal is enclosed, add (\$320.00)														
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$110.00)														
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)														
Total of above Calculations =										\$	42	20.00		
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)														
TOTAL FEES DUE = (1) If entry (1) is less than entry (2), entry (3) is *0*.												1\1	四旬	
1		ntry (2), entry (•						ı	11	OL.	IV		
(2) If entry (2) is less than 20, change entry (2) to *20*. (4) If entry (4) is less than entry (5), entry (6) is *0*.											EC 1	1 20	03	
(5) If entry (5) is less than 3, change entry (5) to "3".														_
METHOD OF PAYMENT Technology Center 2100														
⊠ Ch														
☐ Ch	Charge "TOTAL FEES DUE" to the Deposit Account No. below.													
	No payment is enclosed and no charges to the Deposit Account are authorized at this time (unless specifically required to obtain a filing date).													fically
GENERAL AUTHORIZATION														
	If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit													
an		-	r charge any a		ees neces	sary to	•							
Deposit Account No. 19-3935														
_			ount Name		AAS & HALSEY LLP to credit any overpayments or charge any additional fees required und									
3/ an	v CFM I. nv relate	. ro (ming d annlicat	fees) or 37 Claimin	cn 1.17 (pi a benefit h	ereof nurs	uant to	anny me 35 USC	8 120 ¢	e a		iiio app	лиа	ion, inc	idding
			onals/CIPs un								CPAs ι	ındei	37 CF	R
			pendency he											
SUBMITTED BY: STAAS & HALSEY-LLP														
Typed Name William F. Herbert Reg. No. 31,0													_	

Typed Name William F. Herbert Reg. No. 31,024

Signature Date

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